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Statement submitted by International Planned Parenthood Federation, Western Hemisphere Region, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.

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Statement

Social protection systems and public services are part of Member States' positive human rights obligations to provide an adequate standard of living to all people, including social, economic and cultural rights such as housing, food, water, sanitation, health, education, and fair and just employment. It is fundamental that social protection services cover and reach all people, in all parts of the country, regardless of any form of status, as all people are entitled to human rights. In creating efficient and effective social protection systems, access to public services, and sustainable infrastructure for gender equality and the empowerment of women and girls, it is critical to consider women's various roles, interests and needs and the ways in which these interlinkages have the potential to transform social and economic structures to secure women's positions (D Chopra, Section 2(a)).

Interventions must target the position of women and girls in society, not just their material needs. Interventions should address both immediate, short-term needs (water, healthcare, childcare, employment) as well as contribute to guaranteeing the long-term needs not just of women, but for society as a whole. These include changing structural inequalities in society in social, cultural, economic, civil and political spheres, as well as in the exercise of the rights (D Chopra, Section 2(b)). Gender sensitive social protection measures must take into account not only women's needs, time and energy constraints, but aim to make social and economic structures more equitable in order to give women more power (D. Chopra Section 2.1).

Many social protection systems and public services have eligibility requirements that end up excluding those who most need them by requiring specific family structures, such as nuclear or parent-headed households. However, many household structures and family forms exist across the world, facing challenges that require tailored policy responses. These include: traditional nuclear families; divorced and separated parents with children; extended multi-generational families; female-headed households with children; relative-headed households and alternative carers, such as where aunts, cousins or extended family members care for younger relatives; civil unions; same-sex couples with or without children; polygamous families; migrant transnational families — including mothers and fathers, and youth, working abroad to sustain their children, parents and/or other family members back home; families who need to care for relatives who are living with HIV and AIDS, with disabilities, who are ill or elderly, or with children with special needs; households headed by children and adolescents; households headed by grandmothers with orphaned children; as well as those without families and safe households to go home to (e.g. homeless persons, including due to mental illness, domestic violence and sexual abuse, or the case of children and adolescents who have run away from home as a result of neglect). Those living in diverse forms of families are often those most in need of social protection systems — children orphaned in humanitarian or crisis settings, extended family members living together after an emergency or after being rejected from their nuclear family or fleeing from an abusive home life — and governments should ensure they receive the support they require.

As a guiding principle, legislative and policy development should pay particular attention to equal rights within marriage, to gender equality and to protection from violence, including child abuse, sexual and gender-based violence. Policies and legislation should address family formation in order to foster healthy, resilient families, by protecting rights to enter marriage with the free and full consent of both intending spouses, by ending child, early and forced marriage, and through universal access to sexual and reproductive health and rights, including modern methods of contraception, and to dissolve unions on a fair and equitable basis. Family-friendly policies also include those that support balancing work and family responsibilities,

including through paid maternity and paternity leave, affordable quality child care and support for the care of the elderly, the ill and people living with HIV or disabilities.

Governments should invest first in understanding local systems and their strengths, then identify intervention points where existing community systems are insufficient to meet existing challenges. The needs of people in vulnerable situations should be the primary consideration the design and delivery of services and should play an active role in describing their systems and support requirements. These may be different from the assumptions made by decision-makers; strong people-centred consultation and engagement is required. Local communities should be empowered to identify what wellbeing means and looks like in their local context; programme and interventions should support and reinforce that local definition, rather than impose external definitions of successful development. There are diverse, creative ways to build social protection systems that invest in and empower communities when they identify and lead on the support they require.

As many studies have shown, families can be a central locus of people's well-being, emotionally and financially, and a cornerstone of children's upbringing. H wever, families and household settings are also common sites of discrimination, abuse, violence and exploitation (World Health Organization (2002) World Report on Health and Violence Ch. 1 "Violence — A global public health problem" p. 3). Failure to recognize families in all their diverse forms, as described above, and to address specific challenges and rights violations that occur within households perpetuates cycles of poverty, social exclusion and inequality, undermines human capital accumulation and leaves many behind.

Schools and health centres can function as focal points for public services and social support mechanisms in the community, promoting community cohesion and strengthening the fabric of social bonds. In emergencies and humanitarian crises or even conflict zones, first aid, food distribution, and emergency response can operate from schools and health centres, also serving as de-facto or explicit safe spaces for vulnerable and marginalized populations. There are examples where this structure builds strong local support for community education, keeps teachers and students in schools, and increases the community values for schools, which become off limits for fighting or violent attack and provide critical space for communities to learn from each other, organize, share resources and education, and strengthen social ties. This in turn builds and keeps the community fabric strong and contributes to recovery and resilience.

Public services are more effective when integrated, and this should be built in to service design. For example, linking education and health services can be more efficient and support community cohesion. Health screenings and vaccination programs can be carried out at schools, as can public health information programs, such as those training teachers, parents and students on healthy nutrition, comprehensive sexuality education, or human rights. Co-locating health services at schools contributes to educational achievement and attainment and facilitates the return to school of young parents. In some settings, childcare facilities should be provided in schools, particularly during and after conflict when many young girls are raped or lack access to sexual and reproductive he..lth services and can only return to school if there are childcare facilities available. This is one of the core strategies in education in emergencies and post-conflict transition programming.

All services must be available, accessible, acceptable, and quality, regardless if they are provided by the state, a private provider or other organisation, and beneficiaries are entitled to the same level of service and care whether or not it is

state-subsidised or privately funded. We recommend that governments undertake the following actions:

- All interventions must target the position of women and girls in society, not just their material needs; they should address both short and long term needs of women and girls and address structural inequalities.
- Recognise and support through legislation, policy and programmes, diverse forms of the family, ensuring that all family groupings have the protection of the law and access to support systems as needed.
- Reduce/limit institutionalization of children, women, the elderly, those living with mental illness and others, and prioritize care within diverse forms of the family with government support by redirecting resources for institutions to family-based or alternative care.
- Ensure that legislative and policy development and reforms guarantee the respect and protection of the human rights and well-being of all individuals within families and households, without discrimination and regardless of family form.
- Engage local communities and vulnerable populations in identifying their support needs and ensuring that policies, programmes and interventions reflect culturally specific concepts of wellbeing.
- Consider integrating some public services such as health and education, to allow for greater access and increased efficiencies.
- Ensure that social protection and support services are of the same quality as privately provided services.